

## 2018 Notice of Intent to Gather Signatures for Candidacy

Kathle Allen	
Printed Name (Print name exactly as it is to be printed on the official ba	allot)
Dem	
Political Party	
State Sengte	8
Office	District
7641 D. Quicksilver Dr. Physical Address	
Cottonwood Hts, UT 841	21
801 944-3882 , 861-	231-3505
Telephone Number  Lathryn allen md @ gmail, com Email Address  Twitter	tathrynallenmd Handle (optional)
Please read and initial the statements below:  I agree to file all campaign financial disclosure reports, and I under	rstand that failure to do so may result
in possible fines and/or criminal penalties.	
I understand that the filing officer will not begin verifying my petition signatures until I have submitted a	
sufficient number of verifiable signatures to meet the signature threshold.  I understand that candidate petition packet submissions are verified in the same order as they are	
received by the filing officer.	
I have provided a valid email, and I understand this will be used for official communications and updates	
from election officials. If no email is available I have provided a valid physical address.	
I understand this form is not a declaration of candidacy and I must appropriate filing officer during the declaration of candidacy period	· ·
5:00 pm).	u (March 9, 2018 to March 13, 2018 at
5.00 p.m.j.	
Acotry Tilled	1/2/18
Signature of Candidate	Date/ /
	12:25 1/2/18 AMPM
Signature of Filing Officer	Date / Time Submitted
T-D	